INFORMATION ONLY

HCP A program for children & youth with special health care needs

www.hcpcolorado.org

COLORADO Department of Public Health & Environment

1. Describe who is requesting information

- ❑ Community Partner
- ❑ Father
- ❑ Friend/Neighbor
- ❑ Foster-Parent
- ❑ Grandparent
- ❑ Health Care Provider
- ❑ Mother
- ❑ Other Relative
- ❑ Sibling
- ❑ Step-Parent
- ❑ Don't Know/Not Sure
- ❑ Refused
- ❑ Didn't Ask
- ❑ Other, _____

2. How did caller hear about HCP? (select as many as apply)

- ❑ 211
- ❑ BIAC
- ❑ Brochure
- ❑ Board of Community Education Services (BOCES)
- ❑ CICP
- ❑ CHP+
- ❑ Community Center Boards
- ❑ Community Partner
- ❑ Family Member
- ❑ Family Voices
- ❑ Friend
- ❑ HCP Specialty Clinic
- ❑ Healthy Communities
- ❑ Hospital – Children's Hospital
- ❑ Hospital - Other
- ❑ Human Services
- ❑ Individual Services Support Team
- ❑ Medical Provider – Primary
- ❑ Medical Provider – Specialty
- ❑ Mental/Behavioral Health
- ❑ NICU
- ❑ Other Public Health Program
- ❑ Previous HCP Care Coordination Client
- ❑ Public Health Department
- ❑ RCCO/RAE
- ❑ School
- ❑ Specialty Provider (i.e. OT, PT, speech)
- ❑ Support Group Services
- ❑ Website – CDPHE
- ❑ Website – LPHA
- ❑ Website – Other
- ❑ WIC
- ❑ Work
- ❑ Refused
- ❑ Didn't Ask
- ❑ Other, _____

3. Information requested in:

❑ English ❑ Spanish ❑ Other Language, _____

4. Describe information requested by caller (select as many as apply)

- ❑ Adult Education
- ❑ Audiology
- ❑ Child Care
- ❑ Community Services
- ❑ Dental
- ❑ Developmental Screening
- ❑ Early Intervention
- ❑ Emotional Support
- ❑ Employment
- ❑ Family Leadership
- ❑ Financial Assistance
- ❑ HCP Care Coordination
- ❑ HCP Specialty Clinic
- ❑ Head Start
- ❑ Home Health Services
- ❑ Hospital – Children's Hospital
- ❑ Hospital - Other
- ❑ Housing
- ❑ Insurance
- ❑ Legal Issues
- ❑ Medical Provider – Specialty
- ❑ Medical Supplies
- ❑ Medication
- ❑ Mental/Behavioral Health
- ❑ Nutrition/Dietary
- ❑ Other Public Health Services
- ❑ Parent Education
- ❑ Parent Support
- ❑ Primary Care/Medical Home
- ❑ RCCO/RAE
- ❑ Recreational Activities
- ❑ Referral to Other County/Agency
- ❑ Respite
- ❑ School
- ❑ Specialty Care
- ❑ Support Group Services – All
- ❑ Therapy – Occupational
- ❑ Therapy – Physical
- ❑ Therapy – Speech
- ❑ Transition
- ❑ Transportation
- ❑ Vision
- ❑ Other, _____

5. Age of child (select only one)

- ❑ 0 up to 3 years
- ❑ 3 up to 5 years
- ❑ 5 up to 18 years
- ❑ 18 up to 21 years

6. Describe information given to caller (select as many as apply)

- ❑ Adult Education
- ❑ Audiology
- ❑ Child Care
- ❑ Community Services
- ❑ Dental
- ❑ Developmental Screening
- ❑ Early Intervention
- ❑ Emotional Support
- ❑ Employment
- ❑ Family Leadership
- ❑ Financial Assistance
- ❑ HCP Care Coordination
- ❑ HCP Specialty Clinic
- ❑ Head Start
- ❑ Home Health Services
- ❑ Hospital – Children's Hospital
- ❑ Hospital - Other
- ❑ Housing
- ❑ Insurance
- ❑ Legal Issues
- ❑ Medical Provider – Specialty
- ❑ Medical Supplies
- ❑ Medication
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- ❑ School
- ❑ Specialty Care
- ❑ Support Group Services – All
- ❑ Therapy – Occupational
- ❑ Therapy – Physical
- ❑ Therapy – Speech
- ❑ Transition
- ❑ Transportation
- ❑ Vision
- ❑ Other, _____

7. Time spent on 'Information Only' process; including phone calls, required research &/or follow up:

- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 60 minutes
- ❑ 1 hour 15 minutes
- ❑ 1 hour 30 minutes
- ❑ 1 hour 45 minutes
- ❑ 2 hours

INFORMATION ONLY PROCESS:

Interviewer Name & Title: Date of Interview:	Method of Contact: ❑ E-mail ❑ Phone ❑ Home Visit ❑ Other ❑ Office Visit	Interview Type: ❑ Incoming Call (Community Initiated) ❑ Community Outreach/Education

Reviewed By (Name & Title):	Date of Review:

Proceed to Intake Interview: ❑ Yes ❑ No

ADDITIONAL INFORMATION [collect if applicable]

Client Information:

Client Name:

Gender:

Birth Date:

Contact Information:

Phone: (_____) __ __ __-__ __ __ __ Type:_____ ☐ Check if preferred

(_____) __ __ __-__ __ __ __ Type:_____ ☐ Check if preferred

E-Mail:_____@_____ ☐ Check if preferred

Name: _____

Address Information:

Street:	
City:	
State:	Zip:
County:	
Additional Information:	

Notes: _____

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